

KEY TO SKIN DISEASES,

CONSISTING OF

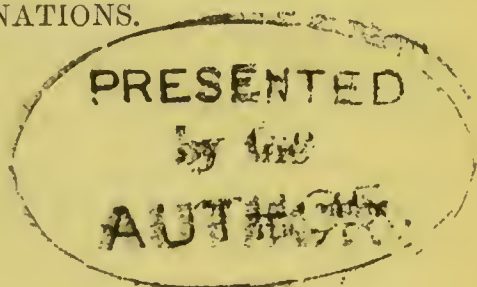
CHARTS OF DIAGNOSTIC FEATURES, ELEMENTARY
LESIONS, CAUSES, AND THERAPEUTICAL RULES,

WITH EXPLANATORY NOTES.

FOR CLINICAL USE AND FOR THOSE PREPARING
FOR EXAMINATIONS.



BY



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THE study of skin diseases is usually very bewildering to the student. This arises mainly from the circumstance that he is not furnished at the outset of that study with a short systematic arrangement of the principles and essential facts of dermatology, in a form which readily conveys to him a comprehensive view of the subject: and so he is puzzled by a mass of disorderly detail with which he is confronted. I here supply the deficiency. To become acquainted with the contents of the following nine pages is to master the difficulties of the subject.

The four charts were originally intended for the private use of the students of University College, in the out-patients' room and at my lectures: but they are reproduced, with explanatory notes, at their very general request. I hope they will be of service to others.

This "Key" to dermatology is of use not only to learners, and to those preparing for examinations, but also as a means of refreshing the memory of others relative to the salient points of dermatology. It is not to be regarded as superseding the use of a systematic work on skin diseases, but as a dermatological *multum in parvo*, and as a help to further study.

Objection may be taken to the size of the pages, but if I had printed the matter in smaller ones, the reader would have lost the benefit of one of the chief advantages of the charts—viz., that they give him at a glance a "bird's-eye view" of the leading points of the subjects to which they severally relate.

The "Key" can be so doubled, notwithstanding its size, as to be easily carried in the pocket.

14, HARLEY STREET, CAVENDISH SQUARE, W.

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SECTION I.

RULES FOR OBSERVING SKIN CASES.

1. A diagnosis should be based upon the phenomena or features presented by any skin disease as a whole.
To obtain these data (*a*) all diseased places, or as many as possible, should be carefully examined, since the eruption may be at very different stages of development, and therefore present very different aspects in different localities, in the same subject. During this examination attention should be directed *firstly* to new points of disease, or to the extending edge of a diseased patch, with a view to determine the character of the origin of the disease; and *secondly*, to the stages, if any, through which the eruption subsequently passes. (*b*.) Where the earlier stages in any given disease are not recognisable, careful inquiry should be made into the history of the case as to the nature and characters of past changes.
2. By attending to these two rules, the observer ascertains the elementary lesions (see Sect. iii.) and the characters of the stages of diseases: and these he should in each case combine together, so as to form a diagnostic picture of any given malady.
3. It should not be forgotten that one disease may be complicated by another. Certain diseases are naturally multiform in aspect, especially scabies and syphilis; but excluding these two, practically speaking, multiformity indicates complication.
4. Diseases, it should be remembered, are variously modified by a number of influencing conditions. For particulars, see Chart of Causes, Sect. iv., A. c, and Therapeutic Chart, Sect. vi.
5. The observer is not to expect to meet with *peculiar* pathological changes in the skin, but changes essentially the same as in other organs of the body.

I now proceed to indicate what the various skin diseases are, how they may be grouped, and what are their several characteristic features. Whatever be the eruption which comes under observation it must belong to one or other of ten easily recognised clinical classes, the particulars of which are set forth in the succeeding two pages.

1. ERUPTIONS OF THE ACUTE SPECIFIC DISEASES:

Embracing: The *variola* eruption and *roseola variolosa*, *vaccinia*, and *roseola vaccinia*; the eruptions of *Typhus*, *Typhoid*, *Rubeola*, *R. notha*, *Scarlatina*, *Erysipelas*, *Equinia*, and *Dengue*. These are all important in reference to the differential diagnosis of skin diseases; but the eruption in these cases (unlike those of true skin diseases) is manifestly unimportant compared with the gravity of the general condition and the high temperature.

2. ERUPTIONS—The Local Manifestations of DIATHETIC STATES:

Scrofuloderma, or Scrofulous Inflammation of the Skin, characterized by indolent livid nodular swellings, softening up into unhealthy pus, and giving place to crusting and ulceration, with general indications of struma.

Syphilodermata, or syphilitic eruptions, comprising: roseolar, papular, tubercular, squamous, and pustular syphilides; *S. acne*, herpes, and pemphigus, rupia, ulceration, gumma, &c. These are often intermingled, and are parts only of a series of syphilitic phenomena in the way of cachexia, skin, mucous membrane, bone, and visceral disease.

Leprous Eruptions, consisting of dull red blotches, in which tubercles form: or red patches, becoming the seat of bullæ; or red, dry, slightly scaly circular patches—all patches being anæsthetic.

Eruptions occurring in connection with Endemic Cachexiæ, such as Delhi Boil, Aleppo Evil, Frambæsia, &c., too special to be dealt with here.

Purpura Hæmorrhagica.

3. LOCAL INFLAMMATIONS, comprising:

Erythematous Inflammation , chief feature, hyperæmia in patches or diffused, and disappearing on pressure.	<i>Erythema.</i>	{ With or without effusion, giving rise to soft papular or tubercular elevations.
	<i>Intertrigo.</i>	{ In folds of skin, with muciform discharge.
	<i>Roseola.</i>	{ Of rosy hue and patchy.
	<i>Urticaria.</i>	{ With wheals. Eruption rapidly comes and goes.
Catarrhal , characterized by serous effusion into papillary layer running on to sero-purulent discharge and crusting; skin thin, pallid, and sensitive.	<i>Eczema.</i>	{ With stages of redness, papulation, vesiculation, pustulation, discharge, crusting, squamation, &c.
	<i>Lichen.</i>	{ Papules small, pale, scattered, or in circumscribed patches.
Plastic , essentially papular; due to plastic lymph in papillary layer or deeper dermic layer. Skin generally dry and thickened.	<i>Lichen planus.</i>	{ Papules red, with flat glistening tops, separate at first, then in patches.
	<i>Prurigo.</i>	{ Papules large, few, and scattered, itching intense.
	<i>Herpes.</i>	{ Bullæ small, chambered, and clustered on red base.
Bullous , chief feature the development of blebs.	<i>Pemphigus.</i>	{ Bullæ large and isolated.
	<i>Hydroa.</i>	{ Bullæ small, developed from papules, with pruritus.
	<i>Impetigo contagiosa.</i>	{ Pustules from vesico-pustules, superficial, painless, and isolated.
Suppurative , essential lesion pustules.	<i>Ecthyma.</i>	{ Pustules on a red, hard, painful base.
	<i>Furunculus.</i>	{ Pustules deep-seated and painful, with a "core."
	<i>Pityriasis rubra.</i>	{ Hyperæmia diffuse in derma, and flakiness affecting entire surface.
Squamous , characterized by hyperæmia and hyperplastic growth of cuticle.	<i>Psoriasis.</i>	{ Hyperæmia of papillary layer, with cuticular hyperplasia, in patches.

4. HYPERTROPHIC AND ATROPHIC DISEASES:

A. Hypertrophic.	<i>Pityriasis.</i>	Branny scalliness.
	<i>Warts, corns.</i>	Circumscribed change.
	<i>Xeroderma & Ichthyosis.</i>	Congenital disease, with altered sweat and sebaceous functions, and with papillæ often hypertrophied.
	<i>Keloid.</i>	Contractile sessile outgrowth.
Connective tissue of the skin specially implicated.	<i>Fibroma.</i>	Soft pendulous outgrowth.
	<i>Morphæa.</i>	Condensation, wax-like.
	<i>Scleroderma.</i>	General firm induration.

B. Atrophic.

Senile atrophy, Linear atrophy, General marasmus.

NEW FORMATIONS.

Characteristic being the growth of a new tissue in the form of tubercles.

Lupus.
Cancer.
Rodent ulcer.

{ Growth soft, vascular, and composed of granulation tissue.
Disease of early life.
{ Disease of late life: hard, indurated growth, made up of epithelial elements, or proliferating connective tissue cells.

HÆMORRHAGE (Cutaneous).

Effusion of blood uninfluenced by pressure, in points or in blotches. *Purpura.*

NEUROSES.

In which the nerves are primarily disordered and there are no organic changes at the outset.

Hyperæsthesia.
Anæsthesia.
Pruritus, Dermatalgia,
&c.

Excess of sensibility.
Diminution of sensibility.
Altered sensation.

PIGMENTARY alterations:

Consisting primarily of deposits or alteration of pigment. Pigmentation secondary to other diseases is not included here.

Melasma.
Leucopathia.
Xanthoderma, &c.

Excess of colour.
Diminution of colour.
Alteration of colour.

PARASITIC DISEASES, comprising:

A. Animal. Due to

Scabies.
Phthiriasis.
Pruritus, Eczema, &c.
Pruritus, Urticarial conditions, Erythema, &c.

Acarus scabiei.
Pediculus vestimentorum
Pediculus pubis.
Pediculus capitis.
Gnats, fleas, bugs.

B. Vegetable. Due to

Tinea favosa.
Tinea tonsurans.
Tinea circinata.
Tinea kerion.
Tinea versicolor.
Tinea syeosis.
Tinea decalvans.
Onychomycosis.

Achorion Schönleini.
Trichophyton tonsurans.
Microsporon furfur.
Microsporon mentagraphytes.
Microsporon Audouini.
Trichophyton or Achorion.

D. DISEASES OF THE GLANDS AND APPENDAGES. Divisible into:

A. Diseases of the Sweat Glands and Follicles.

Hyperidrosis.
Anidrosis.
Chromidrosis, Osmidrosis
Miliaria, Sudamina,
Lichen tropicus, Straphulus, Dysidrosis,
Hydroadenitis.

Excessive secretion.
Diminished secretion.
Altered secretion.
Congestive and inflammatory.

Sweat cysts.

Cystic.

B. Diseases of the Sebaceous Glands and Follicles.

Seborrhæa.
Asteatodes.
Allosteatodes,
Xanthelasma.
Molluscum, Horns.
Aene.

Excessive secretion.
Diminished secretion.
Altered secretion, with or without retention.
Retention of secretion, without inflammation.
Inflammation of gland, with slight retention of sebum.

C. Diseases of the Hair and Hair Follicles.

Hairyæri, Moles,
Hirsuties.
Alopecia.
Fragilitas.
Sycosis.

Excessive growth.
Diminished growth; partial or absolute baldness.
Textural alteration.
Inflammation of follicles.

D. Diseases of the Nails, including: Changes occurring in syphilis, lichen ruber, general eczema, psoriasis, pityriasis rubra, struma. Inflammation of matrix, as in onychia. Parasitic disease termed onychomycosis, caused by the favus parasite, or the trichophyton. Hypertrophy, atrophy, and corn of the nail.

This Chart is so arranged as to serve two useful purposes :—

In the *first* place, it indicates ten general groups, into which all eruptions observed on the skin may be arranged, and these groups are shown by the numbered headings on the left hand side.

In the *second* place, the table defines the particular class to which eruptions belong, and the main diagnostic features of these classes, as well as the diseases themselves.

For instance: Roseola is an erythematous inflammation of the skin in patches, and of a rosy hue. Herpes is a local inflammation of the skin, characterized by the formation of bullæ, these bullæ being small, chambered, and seated upon a red base. Pityriasis rubra is a local inflammation of the skin, characterized by hyperæmia and hyperplasia of growth of cuticle, this hyperæmia being diffused generally, and the flakiness affecting the entire surface. Hyperidrosis is characterized by excessive sweating, and so on.

The student preparing for examination may refer to the table with much benefit, if only to finally refresh his memory upon salient points of skin eruptions; and, in my experience, its mental use should always be had recourse to as an analytical aid in every case making a diagnosis.

SECTION III.

A. ELEMENTARY LESIONS.

HAVING now indicated in the preceding Chart the general nature and main characters of the various skin eruptions, I proceed to describe in brief terms the elementary lesions, or the type of form and aspect, presented by these eruptions. The student is required to know these at examinations, and my description of them will constitute a general outline of the pathology of the skin.

The **Elementary Lesions** are nine in number, viz. :—maculæ, or stains; redness, or hyperæmia; wheals; papules; vesicles; bullæ, or blebs; pustules; squamæ, or scales; and tubercles, or large papules.

Maculæ or stains may be :—

- a. *Pigmentary*, due to presence of pigment in excess. (See Sect. ii., Group 8.) These may be *secondary* to other diseases, as in syphilis; or physiological, as in pregnancy, or parts of certain cachexiæ—ex., Addison's disease or leprosy. They may be *primary*, or *idiopathic*, generally the remnant of hyperæmia caused by irritants.
- b. *Chemical* stains from iodine, silver, bile, acid, &c.
- c. *Parasitic*, due to the presence of fungus elements, as in *tinea versicolor* (see Sect. ii., Group 9.)
- d. *Hæmorrhagic*, as in purpura, due to extravasated blood (Group 6).

Redness or Hyperæmia (see Group 3) may be active (arterial), or passive (venous): Active hyperæmia consists of redness, removable by pressure; it may be punctiform or patchy; it is often accompanied by swelling from effusion, as in erythema papulatum; by disordered sensation—ex., pruritus: by slight rise in temperature: and is often followed by desquamation, and occasionally exudation. It is caused by local irritants, Sect. iv. B, 1.; by changes in the blood, ex. Sect. iv. A, c; or in nerves, e.

Wheals are raised hyperæmic swellings, that have a palish centre, and rapidly form to and rapidly disappear. They are typically portrayed in the sting of the nettle. It is supposed that they are caused by sudden dilatation of a bunch of capillary vessels and escape of serosity. They are accompanied by heat and great tingling. Some suppose the vessels beyond the point of dilatation are in a state of spasm. Wheals are characteristic of urticaria. (Sect. ii. Group 3.)

Papules, or pimples, are little solid formations in the skin. They are of different kinds—(1) those due to hyperæmia of the papillæ, forming bright red points (Strophulus, Group 10); (2) those consisting of hyperæmic, turgescient, and erected follicles, as in lichen tropicus (Group 10); (3) papules, due to deposit of lymph or the like about the walls of the follicles, as in lichen planus (Group 3); (4) those which are solid lymph formations or cell growths, in the derma proper, as in lichen, prurigo, and syphilis; (5) those due to epithelial collection in the follicles, as in pityriasis pilaris; and (6) those formed by hypertrophy of normal structure, as in papillary warts (Group 4).

Vesicles are upliftings of the cuticle into a minute bladder by fluid, sweat, or serosity. Vesicles are solitary or compound. Solitary vesicles, due to sweat between the strata of the horny layer of the cuticle, are seen in *sudamina* (Group 10). Solitary vesicles, formed by serosity between the horny and mucous layers of the cuticle, are found in pemphigus (Group 3). All others are compound, and the fluid is collected in loculi, formed by the stretched-out cells of the rete, as in variola (Group 1), herpes (Group 3), erysipelas (Group 1), blister and eczema (Group 3). Further, in sudamina, blister, and pemphigus, the fluid is serous; in variola, eczema, and herpes, exudation and pus cells are present in the rete, in the papillæ, and in the corium.

Bullæ (Group 3) are simply large vesicles, and their structure the same. In syphilis (Group 2) bullæ may occur, and then the contents become sanious, whilst ulceration is superadded, but usually the bullæ become tense, with clear contents, then their contents get opalescent, the bullæ become flaccid and shrivel away, leaving only a red mark, without change in the cutis.

Pustules are elevations of the surface by pus rapidly formed. They are accompanied by more inflammation than vesicles, and by a deeper affection of the tissues, but the loculi containing pus are similar in structure to those of vesicles. The clinical varieties are described in Chart (Section ii. Group 3), under Local Inflammations, sub-head "suppurative."

Squamæ, or scales, are formed of detached epidermic cells. They differ from crusts, which are caused by dried discharge. Scaliness occurs as a secondary consequence in all inflammatory skin diseases, but as a more essential part of the disease in squamous inflammation—ex., psoriasis and pityriasis rubra—and in hypertrophic conditions; see respectively for details to Chart (Section ii. Groups 3 and 4) under heads of Squamous Inflammation, and Hypertrophic States.

Tuberculum. A solid fleshy lump in the skin, formed of a new growth of tissue: *homologous*, as in keloid and fibroma, in which the connective tissue is involved, see under Hypertrophic Diseases (Group 4); or *heterologous*, as in the Group 5 or New Formations.

B. SECONDARY CHANGES.

There are certain "Secondary Changes" deserving of notice. They are:—

Crusting, in which crusts form, and these crusts are due to the drying up of discharge, poured free upon the surface through the inflamed derma, as in eczema; or contained in bullæ; or given out by an ulcerated surface; or they may be due to sebum collected into mass; or to fungus elements, as in favus. Crusts formed from the escape of serum are thin and bright-coloured. Crusts formed from dried pus are thick and yellow. Crusts from drying up of bullæ are, as the rule, thin and slightly dark. Crusts from the drying of sanious pus form ulcers, are thick and dark coloured, and heaped up. Sebum crusts are flat, easily detached, and greasy. The favus crust is pulverulent, honeycombed, and sulphur-yellow.

Ulceration is the result of cachexiæ, such as the strumous or syphilitic; or of new growths replacing the normal textures, and themselves softening and decaying, as in lupus and cancer; or from softening of actual outgrowths from the skin, as in fibroma and yaws.

Excoriation is due to scratching. Its seat is suggestive—on the front of the forearms and the thighs of scabies, and about the clavicles and shoulders of phthiriasis.

Scars are left by traumatic injuries: caustics: and by certain diseases which ulcerate, such as variola, furunculus and anthrax, pustula maligna, strumous and syphilitic disease.

Having so far described the various eruptions of the skin with their types of form, and their pathological and clinical features, I will next give a classified List or Chart of their causes in general.

SECTION IV.

GENERAL CAUSES OF SKIN DISEASES.

THE Causes may be conveniently arranged under two heads—viz., those which act from within, and those which act from without upon the skin ; or Internal and External Causes.

A. INTERNAL CAUSES.

- a. *Hereditary Tendency.* This may give rise to a general disease—ex., struma or ichthyosis ; or a local disease—ex., warts, fibroma.
- b. *General Debility*, which acts as a potent predisposing cause.
- c. *Blood-poisoning or Impurification*, by special animal poisons inducing acute specific diseases ; by deficient excretion and undue retention of excreta—biliary, renal, or intestinal—giving an acrid character to the blood ; by long continued dyspepsia, which acts similarly and induces debility ; by the presence of medicinal substances in the blood—ex., bromide of potassium, or animal poisons of special kind—ex., syphilitic virus, or that derived from eating shell-fish, &c. ; by accumulation of uric and lactic acids in gout and rheumatism, imparting an inflammatory character to skin diseases ; by the accidents of poverty, which deprave the blood-current and leads to cachexia ; by the non-performance of natural functions—ex., perspiration, by which more work is thrown upon the skin ; by organic diseases of excreting organs—ex., liver, leading to retention of excreta ; and by dietetic evils. [These conditions are specially important in regard to the inflammatory diseases of the skin comprised in Group 3 and Group 10, Sect. ii., and are referred to in relation to the treatment of these inflammations in the Therapeutic Chart, Sect. vi.]
- d. *Diathetic Dispositions*, in which a local is but the index to a general state of malnutrition, as in struma or leprosy.
- e. *Nerve Disturbance*, which acts in four ways : *firstly*, by inducing change in the calibre of vessels and so altering the supply of blood and favouring transudation of fluid ; *secondly*, by directly causing tissue-change, cell-proliferation, &c., as in herpes and prurigo ; *thirdly*, by the loss of regulation of nutrition which follows nerve debility ; *fourthly*, by the transmission of irritation through the reflex function by which eruptions may be excited or aggravated, as in the case of acne combined with dyspepsia.
- f. *A disposition on the part of the tissues themselves to become diseased*, as exemplified in the case of simple *plus* and *minus* conditions of nutrition, where it would seem that the tissues themselves exhibit a morbid activity of growth, as in fibroma, keloid, and even cancer and lupus.
- g. *Climatic or Endemic Influences*, by which the nutrition of the body as a whole is depraved, and skin disorder is the consequence.

B. EXTERNAL CAUSES.

Some of these influence for evil the general health, and so disorder the skin indirectly ; others act directly upon the skin.

1. Amongst the external causes acting directly upon the skin the most important are :—

Scratching, which may excite and always aggravates disease, and may, in contagious cases, spread it from place to place, as in scabies and contagious impetigo.

Local irritants of all kinds—ex., cold, heat, friction, flannel worn next to the skin, irritants, plasters, fluids, and applications of all kinds ; irritating substances, such as lime, sugar, flour, washing-soda, producing bricklayers', bakers', grocers', and washer-women's itch ; unwholesome handicrafts ; dyes, contusions, animal and vegetable parasites of all kinds ; medicinal applications, all of which may excite or aggravate disease.

Want of care of the Skin in the dirty and ill-fed.

2. Amongst the external causes that act indirectly upon the skin through their influence upon the general health may be mentioned :—

Want of cleanliness, climatic influences, defective clothing, neglect, and the like ; animal poisons inoculated into the skin, &c.

Clinically it is of the highest importance to remember, *first*, that these several causes vary in character : they may be *predisposing*, or *exciting*, or *producing*, or *aggravating* ; and *secondly*, that the real cause of any given skin disease is often made up of a number of these agencies in combined operation. Illustration : Eczema may occur in a cook, a rheumatic subject, who is exposed to the irritating influence of the fire, and in connexion with a blood-current charged with retained excreta, the consequence of inefficient bowel and kidney action.

SECTION V.

DIAGNOSIS.

This question has now to be considered. In making a diagnosis the student or practitioner must observe the rules laid down in Sect. i., viz. :—Examine, not a part of the eruption, but all its parts, and make out the history of the case; so as to discover the beginning, the transitional, and latest stages—in fact, the general course of any eruption. Having done this, he must proceed to determine to which of the ten groups in the classified Chart, Sect. ii., the eruption belongs, by the characters therein specified; and lastly, take into account the immediate predisposing and modifying causes of eruptions indicated in the list in Sect. iv., and the mode in which two or more of these may concur in the same disease, because one main part of the treatment naturally consists in removing the operation of predisposing and exciting causes.

Diagnosis, in fact, should consist in the recognition of the nature and the cause of any eruption, with, in addition, its complications and the modifications it undergoes under the operation of varying concomitant influences.

The next matter to be considered is that of Therapeutics.

SECTION VI.

THERAPEUTICAL HEADINGS.

THERE are three varieties of treatment—Local : General : and a mixture of Local and General.

Local remedies, comprising astringents, absorbents, caustics, parasiticides, and operative measures are required in Groups 4, 5, and 9 (see Chart, Sect. ii.)

General—chiefly tonics and mercurials—in Groups 1 and 2.

The Mixed treatment is required in the other Groups. Of these latter, Groups 6, 7, and 8 and most of the components of 10, need only general tonics. Group 3 includes the inflammatory diseases, which are by far the most frequent in occurrence, and in fact constitute the bulk of cases that demand treatment.

This Group 3, as will be seen from the Diagnostic Chart, comprises Erythema, Intertrigo, Urticaria, Eczema, Furunculus, Pityriasis rubra, Psoriasis, Lichen, Prurigo, Pemphigus, Herpes, Ecthyma : and in dealing with these, and the inflammatory affections comprised in Group 10, particularly Acne, Sycosis, and Dysidrosis, the following points should be especially attended to :—

Local Treatment. Wherever hyperæmia is marked or active, soothing remedies are called for, whilst the operation of irritants (see list of external causes, Sect. iv.) should be avoided, and the air excluded : and not until the stage of hyperæmia is passed should stimulating and other remedies be used.

General Treatment. The following conditions must be taken into consideration in framing the internal treatment of these inflammatory diseases, it having been settled first of all whether or no the disease is uncomplicated. These conditions before referred to, see A in list of causes, Sect. iv., exist in varying combinations :—

<i>Influence.</i>	<i>Its Action.</i>	<i>Specially Observed in.</i>	<i>Treatment.</i>
Debility, including Anæmia.	{ It retards recovery from want of recuperative power in the system. All functions share in the debility.	{ Furunculus Eczema Pityriasis rubra Pemphigus Ecthyma.	{ Tonics Mineral acids Iron Quinine Cod oil Arsenic Food.
Dyspepsia.	{ Induces debility. Leads to liver disturbance. Impurifies blood current. Increases hyperæmia by reflex action (acne).	{ Eczema Urticaria Acne Sycosis.	{ Antacids and bitters Regulation of diet Fresh air.
Retention of Excreta, from kidney, liver, and bowel inactivity.	{ Gives the blood an irritative quality and aggravates hyperæmia. Leads, in the case of kidney torpor, to increase of watery fluid in tissues.	{ All inflammatory skin diseases. Eczema of legs.	{ Quickened elimination by Diuretics, Aperients, and Cholagogues. Dinretics.
Constipation.	{ Gives rise to dyspepsia. Liver torpor. Retention of excreta.	{ All forms.	Aperients.
Diabetic State.	{ Increases inflammatory character ; favours phlegmoneous inflammation, and leads to freer development of disease, and to chronicity.	{ Eczema Psoriasis Intertrigo in adults Furunculus Anthrax.	{ Anti-Diabetic.

<i>Influence.</i>	<i>Its Action.</i>	<i>Specially Observed in</i>	<i>Treatment.</i>
Repression of special normal eliminary func- tions, Skin and Menstrual.	{ Compensatory elimination demanded of skin, which may fail to respond, and so become diseased. In de- pendent parts this leads to increase of fluid in tissues.	{ Furunculus Ecthyma Eczema.	{ Vapour and other baths Sudorifics, Aloetics, and Tonics.
Gouty and Rheumatic Diatheses.	{ Causes accumulation of uric and lactic acids and allied compounds in blood, giving an inflammatory cha- racter to disease by in- creasing hyperæmia.	{ Eczema Psoriasis Lichen Ecthyma Sycosis Urticaria.	{ Gouty remedies, combined with those appropri- ate for the skin disease.
Strumous Diathesis.	{ Imparts an unusual purulent character to eruptions, and favours implication of con- nective tissue.	{ Eczema Psoriasis Acne Sycosis.	{ Cod liver oil always required.
Syphilitic Taint.	{ Tends to induce induration from presence of syphilitic tissue; or ulceration, ca- chexia, and general de- bility.	{ Eczema Psoriasis Pemphigus Ecthyma Acne Intertrigo (infants).	{ Antisyphilitic re- medies must be combined with others, or used in first instance alone. General tonics needed.
Diet, Errors of.	{ Introduces special irritative substances into blood; causes dyspepsia; leads to accumulation of nitro- genous matters in system, to liver disorder, &c.	{ All forms of in- flammatory erup- tions without ex- ception.	{ Regulation of diet according to cir- cumstances.
Hygiene, Lack of.	{ Disposes to torpor of skin, and favours occurrence of morbid action and disease.	{ Acne and Sycosis Eczema Intertrigo Erythema especially.	{ The use of baths, ablutions, proper clothing, and the like.

These several conditions or influences exist in varying combination, just as do the com-
 ent clements of the causes of many Skin Diseases, and the skill of the physician is shown
 stimating aright this combination in its different details in any given case; for upon this
 treatment must be based. One illustration will suffice. Eczema may occur in a gouty
 dyspeptic subject, whose blood-current is unduly charged with nitrogenous excreta, and
 has been indulging too freely in stimulants.

It will be observed how many of the influences referred to in the Chart increase hyper-
 ia of the skin. Now, hyperæmia must, before anything else is attempted (especially
 n it is active in character), be repressed; and this may be done partly by local means,
 re referred to; by augmenting the action of the kidneys, and by preventing the operation
 hose influences that increase hyperæmia. I consider this the most important point to be
 nded to in the early treatment of inflammatory Skin Diseases, because generally all that
 eeded afterwards is the exhibition of tonics internally, and the use of astringents and
 nulants locally.

